

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1445 Ross Avenue

Suite 1400

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75202

2703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Todd Plott

Signature of Treasurer

Electronically Filed by Todd Plott

Date

06

18

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 37

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		62272.29
(b) Cash on Hand at Beginning of Reporting Period	88578.49	
(c) Total Receipts (from Line 19)	14150.60	65056.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102729.09	127329.09
7. Total Disbursements (from Line 31)	5500.00	30100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97229.09	97229.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 37

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11087.60	44012.60
(ii) Unitemized	3063.00	21044.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14150.60	65056.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14150.60	65056.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14150.60	65056.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14150.60	65056.80

DETAILED SUMMARY PAGE

of Disbursements

4 / 37

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	24750.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	2000.00	5350.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5500.00	30100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	30100.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 37

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14150.60	65056.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14150.60	65056.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JULIE K DIPPEL

Mailing Address 3706 ASH GLEN DRIVE

City

SPRING

State

TX

Zip Code

77388-4154

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787914

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SANDRA R HENBEST

Mailing Address 3939 NW 69 TERRACE

City

CORAL SPRINGS

State

FL

Zip Code

33065-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787917

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BERNADETTE M MANGAN

Mailing Address 161 IVERNESS DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. CHRISTOPHER'S HOSPITAL
FOR CHILDRE

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787918

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LEIGH ANN GARBER

Mailing Address 2200 CLERMONT CIRCLE

City

PLANO

State

TX

Zip Code

75023-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787921

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ROBERT M KRIEGER

Mailing Address 1265 FRUIT COVE ROAD N

City

JACKSONVILLE

State

FL

Zip Code

32259-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

DELRAY MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787922

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GARY L STOKES

Mailing Address 47 WATERFORD CT

City

NACOGDOCHES

State

TX

Zip Code

75965-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer

NACOGDOCHES MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787934

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID THATCHER

Mailing Address 1109 KING MARK DR

City

LEWISVILLE

State

TX

Zip Code

75056-5785

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787948

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LOUISE H TOBY-HARRIS

Mailing Address 8221 S. CORAL CIRCLE

City

NORTH LAUDERDALE

State

FL

Zip Code

33068-4120

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31787967

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DIANE VOSS

Mailing Address 1311 SW 14TH AVE

City

BOCA RATON

State

FL

Zip Code

33486-5382

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST BOCA MEDICAL CENTER

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 31788001

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AUDREY E GREGORY

Mailing Address 6263 SHADOW TREE LANE

City

LAKE WORTH

State

FL

Zip Code

33463-8241

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELRAY MEDICAL CENTER

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 31788352

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

TIMOTHY RAPER

Mailing Address 2333 SALISBURY CT

City

LEWISVILLE

State

TX

Zip Code

75056-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 31788355

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ZAHIDE MARENIC

Mailing Address 4783 NW 119TH AVE

City

CORAL SPRING

State

FL

Zip Code

33076-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 0

Transaction ID: 31806847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAIKUMAR KRISHNASWAMY

Mailing Address 2505 MAESTRO WAY

City

MODESTO

State

CA

Zip Code

95355-9658

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation

ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1025621123825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

KEVIN MCCASLIN

Mailing Address 5225 MAPLE AVE #4314

City

DALLAS

State

TX

Zip Code

75235-8449

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1026156823825

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT RUSSELL

Mailing Address 1001 SARANAC PARK

City

PEACHTREE CITY

State

GA

Zip Code

30269-1274

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH FULTON MEDICAL CENT-
ER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1159116223825

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City

DALLAS

State

TX

Zip Code

75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1479664423825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JEFFREY KOURY

Mailing Address 42 BARNEBURG

City

DOVE CANYON

State

CA

Zip Code

92679-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP AND REGIONAL CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1481203523825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL K BURTNETT

Mailing Address 3405 HOWELL ST#9

City

DALLAS

State

TX

Zip Code

75204-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1568624523825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1592856023825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT SMITH

Mailing Address 5325 TATE AVE

City

PLANO

State

TX

Zip Code

75093-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1592857723825

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1592858223825

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAY MIRANDA

Mailing Address 15871 SW 148 TERRACE

City

MIAMI

State

FL

Zip Code

33196-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORAL GABLES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1734839223825

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JASON E EVANS

Mailing Address 1808 FLINT RIDGE DR

City

ALLEN

State

TX

Zip Code

75002-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKE POINTE MEDICAL CENTER

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1735905223825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEREMY L CLARK

Mailing Address 3336 SUNNIROC ROAD

City

BIRMINGHAM

State

AL

Zip Code

35210-3799

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKWOOD MEDICAL CENTER

Occupation
ASSOCIATE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1735911023825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHAKILLA D ROBINSON

Mailing Address 6303 RICHMOND #202

City State Zip Code
DALLAS TX 75214-3674

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS HOSPITAL-DALLAS

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1735911223825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City State Zip Code
WASHINGTON DC 20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1814798523825

Amount of Each Receipt this Period

96.00

P/R Deduction (\$96.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City State Zip Code
POMPANO BEACH FL 33062-8010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2067935223825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

172.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City

RIPON

State

CA

Zip Code

95366-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL OF MANTE-
CA

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174141223825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City

HOUSTON

State

TX

Zip Code

77007-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK PLAZA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174298123825

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City

PALM SPRINGS

State

CA

Zip Code

92262-6395

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT REGIONAL MEDICAL
CENTER

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174361623825

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS MEDICAL CENTER-MO-
DESTO

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174541523825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

CATHRYN H FRASER

Mailing Address 272 ENCLAVES COURT

City

COPPELL

State

TX

Zip Code

75019-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174559923825

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

BIGGS C PORTER

Mailing Address 4535 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174563623825

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

468.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2174567323825

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

SALLY A HURT-STEFFEN

Mailing Address 712 WALTHAM CT

City

EL PASO

State

TX

Zip Code

79922-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2248480223825

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

BRADLEY C TAYLOR

Mailing Address 9438 THORNBERRY LANE

City

DALLAS

State

TX

Zip Code

75220-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2284285123825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City

HICKORY

State

NC

Zip Code

28601-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRYE REGIONAL MEDICAL CEN-
TER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2369304323825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN SHORT

Mailing Address 3108 Clymer Drive

City

Plano

State

TX

Zip Code

75025-5325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP - PMI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2387796623825

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

PAUL CASTANON

Mailing Address 2101 Looscan lane

City

Houston

State

TX

Zip Code

77019-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP & Asst. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2398953023825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACOB J. SPRUIT

Mailing Address 5608 Maxon Marsh Drive

City

Hiram

State

GA

Zip Code

30141-2879

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2398965023825

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

STEPHEN D. PRESTON

Mailing Address 3680 VILLAGE CENTER LANE

City

BIRMINGHAM

State

AL

Zip Code

35226-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKWOOD MEDICAL CENTER

Occupation
VP External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2428718423825

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL R HOLMES

Mailing Address 531 EVERGREEN DRIVE

City

MANDEVILLE

State

LA

Zip Code

70448-7574

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAGNOSTIC IMAGING SERVIC-
ES

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR2440288723825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

179.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City

PENN VALLEY

State

PA

Zip Code

19072-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR406763223825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

LEONARD ROSENFELD

Mailing Address 7243 BAXTERSHIRE DRIVE

City

DALLAS

State

TX

Zip Code

75230-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407201323825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City

TOONE

State

TN

Zip Code

38381-8059

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407210523825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVE BROWN

Mailing Address 16 SARAH NASH CT

City

DALLAS

State

TX

Zip Code

75225-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407210623825

Amount of Each Receipt this Period

380.00

P/R Deduction (\$190.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2230 WARNER ROAD

City

FORT WORTH

State

TX

Zip Code

76110-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407215823825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City

FT WORTH

State

TX

Zip Code

76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407218623825

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

534.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City

HICKORY

State

NC

Zip Code

28601-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRYE REGIONAL MEDICAL CEN-
TER

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407219723825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES E MCPARTLAND

Mailing Address 1805 LONGWOOD CT

City

ALLEN

State

TX

Zip Code

75013-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407221523825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

JOE D THOMASON

Mailing Address 4006 RAMSGATE CT

City

COLLEYVILLE

State

TX

Zip Code

76034-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407222123825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407222823825

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MARK E PEACOCK

Mailing Address 1120 CHESTERTON DR

City

RICHARDSON

State

TX

Zip Code

75080-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407226023825

Amount of Each Receipt this Period

6.00

P/R Deduction (\$3.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City

DALLAS

State

TX

Zip Code

75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407227323825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

146.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City

COLLEYVILLE

State

TX

Zip Code

76034-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407227623825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

GARY K RUFF

Mailing Address 714 KENT CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407229223825

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City

DULUTH

State

GA

Zip Code

30097-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407231823825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

464.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City

AUSTIN

State

TX

Zip Code

78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407234323825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 1138 PINE VALLEY ROAD

City

GRIFFIN

State

GA

Zip Code

30224-4953

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPALDING REGIONAL HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407236023825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CHARLES MILLER

Mailing Address 747 MENDENHALL CT

City

FORT MILL

State

SC

Zip Code

29715-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIEDMONT MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407241423825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN F HOLLAND

Mailing Address 3610 EDGEWATER STREET

City

DALLAS

State

TX

Zip Code

75205-4317

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407242923825

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address 264 IDLEWILDE LANE

City

SANFORD

State

NC

Zip Code

27332-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL CAROLINA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407244823825

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City

MIAMI BEACH

State

FL

Zip Code

33141-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIALEAH HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407245323825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

302.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407250423825

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407257723825

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City

CYPRESS

State

TX

Zip Code

77429-8162

FEC ID number of contributing
federal political committee.

C

Name of Employer
CYPRESS FAIRBANKS MEDICAL
CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407265623825

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

646.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GARY L HONT'S JR.

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HOSPITAL OF LOS
GATOS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407266423825

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407268523825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407274123825

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

216.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLACENTIA LINDA HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407278123825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407280323825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RODNEY A REASONER

Mailing Address 1960 MARY LEE LN

City

ALLEN

State

TX

Zip Code

75002-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407280923825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOS ALAMITOS MEDICAL CENT-
ER

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407283923825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

KEN WHEAT

Mailing Address 31855 DATE PALM DR#3

City

CATHEDRAL CITY

State

CA

Zip Code

92234-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT REGIONAL MEDICAL
CENTER

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR407288723825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

RICK LYONS

Mailing Address 2425 BATTERING ROCK RD

City

TEMPLETON

State

CA

Zip Code

93465-8371

FEC ID number of contributing
federal political committee.

C

Name of Employer

TWIN CITIES COMMUNITY HOS-
PITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR413941923825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH F SUTHERLAND

Mailing Address 102 WILMINGTON CT

City

SOUTHLAKE

State

TX

Zip Code

76092-8492

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR839152223825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

PATRICIA C JOHNSON

Mailing Address 4616 LARGO DR.

City

FLOWER MOUND

State

TX

Zip Code

75028-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

VP FIN PLAN & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR839196423825

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR839477823825

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR840566923825

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City

SPRING

State

TX

Zip Code

77379-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOUSTON NW MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR840590423825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID W BORDOFSKE

Mailing Address 5001 ASHLAND BELLE LANE

City

FRISCO

State

TX

Zip Code

75035-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR840924623825

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN TILLY

Mailing Address 1221 WENTWOOD

City

IRVING

State

TX

Zip Code

75061-4456

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP & ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR842232423825

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

ELIZABETH JOHNSON

Mailing Address 3302 MARSH LANE

City

GRAPEVINE

State

TX

Zip Code

76051-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR842373123825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

LESTER G COTTLE

Mailing Address 1625 FAWN LN

City

HUNTINGDON VALLEY

State

PA

Zip Code

19006-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST CHRISTOPHER'S HOSPITAL
FOR CHILDREN

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR843874923825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City

CHAPEL HILL

State

NC

Zip Code

27517-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINA CROSSROADS SURG

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR843980423825

Amount of Each Receipt this Period

38.60

P/R Deduction (\$19.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH SHORE MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR844477223825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR844644423825

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

214.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STEVEN B BARR

Mailing Address 1300 BINZ

City

HOUSTON

State

TX

Zip Code

77004-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLAZA SPECIALTY HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR844656623825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MONICA C VARGAS

Mailing Address 4017 FLAMINGO

City

EL PASO

State

TX

Zip Code

79902-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA PROVIDENCE EASTSIDE
HOSPITAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849126623825

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 3013 GOLF CREST LANE

City

WOODSTOCK

State

GA

Zip Code

30189-8197

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH FULTON MEDICAL CENT-
ER

Occupation
ASSOC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR849790223825

Amount of Each Receipt this Period

76.00

P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

152.00

TOTAL This Period (last page this line number only)

11087.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Chet Culver Committee	Transaction ID: 31701774 Date of Disbursement																				
Mailing Address P.O. Box 6068	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	0												
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																				
Purpose of Disbursement Chet Culver, GOVERNOR IA	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Chet Culver	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Chet Culver, GOVERNOR IA																				
B. Full Name (Last, First, Middle Initial) Friends of Joseph Scarnati	Transaction ID: 31701776 Date of Disbursement																				
Mailing Address PO Box 177	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	0												
City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period																				
Purpose of Disbursement Joseph Scarnati, STATE SENATE 25th PA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Joseph Scarnati	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Joseph Scarnati, STATE SE- NATE 25th PA																				
C. Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: 31701810 Date of Disbursement																				
Mailing Address 101 West Baltimore Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	0												
City Media State PA Zip Code 19063	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dominic Pileggi, STATE SENATE 9th PA	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name PA Sen. Dominic Pileggi	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Dominic Pileggi, STATE SE- NATE 9th PA																				

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Alamo PAC

Mailing Address 919 Congress Avenue
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2010 ContributionCandidate Name
Alamo PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31701857

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

2500.00

2010 Contribution

B.

Full Name (Last, First, Middle Initial)

TRUST PAC-Team Republicans Utilizing Sensible Tactics
PACMailing Address 228 South Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2010 ContributionCandidate Name
TRUST PAC-Team Republicans Utilizing Sensible Tactics PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31701919

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

TOTAL This Period (last page this line number only) ►

3500.00